

Jan. 14, 2015 3:58PM

No. 0881 P. 1

2015 JAN 14 PM 4:37

LOUISIANA BOARD OF ETHICS

Post Office Box 4368

Baton Rouge, Louisiana 70821

TIER 2 PERSONAL FINANCIAL DISCLOSURE STATEMENT (FOR CANDIDATES)This Report Covers Calendar Year: 2014☒ ORIGINAL REPORT☐ AMENDED REPORT☐ I currently hold an office that would require me to file a Tier 2.1, or Tier 3 Personal Financial Disclosure Statement. As such, I have completed SCHEDULE D.Office Sought: HOUSE OF REPRESENTATIVE, DISTRICT BIncumbent: ☐ Yes ☒ NoDate of Election: FEB. 21, 2015Name of Filer (print full name): JAMES MICHAEL JOHNSONMailing Address: 5029 WILLOW CHASE DRIVECity, State, Zip: BATON, LA, 71006Name of Spouse (if applicable) (print full name): KELLY LARY JOHNSONSpouse's Occupation: SCHOOL TEACHERSpouse's Principal Business Address: 4525 OLD BROWNLEE ROADCity, State Zip: BOSSIER CITY, LA, 71111**Check all that apply:**☐ I have filed my state income tax return for the previous year.☐ I have filed for an extension of my state income tax return for the previous year.☐ I have filed my federal income tax return for the previous year.☐ I have filed for an extension of my federal income tax return for the previous year.**NOTE:** La. R.S. 18:1495.7 and 42:1124.2 does not provide candidates the opportunity to request an extension in filing their personal financial disclosure statements.☒ I am a candidate in an election to be held prior to April 15 and I have not filed my tax return for the previous year.**Certificate of Accuracy**

I do hereby certify, after having been duly sworn, that the information contained in this personal financial disclosure statement is true and correct to the best of my knowledge, information, and belief.

Signature of Filer

Sworn to and subscribed before me on this 13th day of JANUARY, 2015.JASON W. POE

Notary Public (print name)

Jason Poe

Notary Public (signature)

ID#

Date Commission Expires

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Schedule A: Employment Information☐ Check if not applicable☒ Filer ☐ Spouse ☒ Full-Time ☐ Part-TimeName of Employer: KITCHENS LAW FIRM, APLCJob Title: PARTNERJob Description: GENERAL CIVIL PRACTICE OF LAW.☒ Filer ☐ Spouse ☐ Full-Time ☒ Part-Time ^{NON-COMPENSATED,} (PRO-BONO SERVICE)Name of Employer: FREEDOM GUARD, INC.Job Title: CHIEF COUNSELJob Description: LEGAL SERVICES FOR PUBLIC INTEREST, NOT-FOR-PROFIT LAW FIRM.☐ Filer ☒ Spouse ☐ Full-Time ☒ Part-TimeName of Employer: PROVIDENCE CLASSICAL ACADEMYJob Title: TEACHERJob Description: INSTRUCTOR FOR MIDDLE & HIGH SCHOOL HUMANITIES COURSES.☐ Filer ☐ Spouse ☐ Full-Time ☐ Part-Time

Name of Employer: _____

Job Title: _____

Job Description: _____

- You are required to disclose employment information related to both you and your spouse (if applicable).
- List the name of the employer; the title of the position; a brief description of the job; and disclosure as to whether the position is full-time or part-time.
- Self-employment information is reported on Schedule B.

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SCHEDULE B: POSITIONS – BUSINESS☐ Check if not applicable☒ Filer ☐ Spouse ☐ BothAmount of Interest (amount exceeds 10%): 100 %Name of Business: LAW OFFICES OF MIKE JOHNSON, LLCAddress: 2250 HOSPITAL DRIVE, STE. 248City, State, Zip: BATON, LA. 71111Business Description: LAW FIRM – CURRENTLY INACTIVE, BUT STILL OWNEDNature of Association: SOLE MEMBER☒ Filer ☐ Spouse ☐ BothAmount of Interest (amount exceeds 10%): 20 %Name of Business: KITCHENS LAW FIRM, A LLCAddress: 420 BROADWAYCity, State, Zip: MINNEN, LA. 71058Business Description: LAW FIRMNature of Association: PARTNER WITH 20% EQUITY SHARE☐ Filer ☐ Spouse ☐ Both

Amount of Interest (amount exceeds 10%): _____ %

Name of Business: _____

Address: _____

City, State, Zip: _____

Business Description: _____

Nature of Association: _____

☐ Filer ☐ Spouse ☐ Both

Amount of Interest (amount exceeds 10%): _____ %

Name of Business: _____

Address: _____

City, State, Zip: _____

Business Description: _____

Nature of Association: _____

* You are required to complete SCHEDULE B if you or your spouse is a director, officer, stockholder, owner, partner, member, or trustee of a business AND if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

* "Business" means any corporation, partnership, limited liability company, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

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Schedule C: Positions – Nonprofit☐ Check if not applicable☒ Filer ☐ SpouseName of Organization: PROVIDENCE CLASSICAL ACADEMYAddress: 4525 OLD BROWNIE ROADCity, State, Zip: BOSSIER CITY, LA. 71111Nature of Association: K-12 PRIVATE CHRISTIAN SCHOOLSDescription of Organization: BOARD PRESIDENT☒ Filer ☒ SpouseName of Organization: LOUISIANA FAMILY FORUMAddress: 655 ST. FERDINAND STREETCity, State, Zip: BATON ROUGE, LA. 70802Nature of Association: BOARD MEMBERDescription of Organization: ADVOCATING PRO-FAMILY POLICIES☒ Filer ☐ SpouseName of Organization: LIVING WATERS PUBLICATIONSAddress: 9816 ARKANSAS STREETCity, State, Zip: BELLFLOWER, CA. 90706Nature of Association: CHRISTIAN MINISTRY & PUBLISHING HOUSEDescription of Organization: BOARD MEMBER☒ Filer ☐ SpouseName of Organization: FREEDOM GUARD, INC.Address: 2250 HOSPITAL DRIVE, STE. 246City, State, Zip: BOSSIER CITY, LA. 71111Nature of Association: CHIEF COUNSELDescription of Organization: PUBLIC INTEREST LAW FIRM

***You are required to complete SCHEDULE C if you or your spouse is a director or officer of a nonprofit organization.**

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Schedule D: Other Offices/Positions Held☒ Check if not applicable

Name of Office/Position: _____

Name of Office/Position: _____

Name of Office/Position: _____

Name of Office/Position: _____

Name of Office/Position: _____

Name of Office/Position: _____

Name of Office/Position: _____

Name of Office/Position: _____

***You are required to complete SCHEDULE D if you hold any other office or position which would require you to file a personal financial disclosure statement under La. R.S. 42:1124.2.1 or 42:1124.3.**

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule E: Immovable Property**

(where the value of the interest in the parcel exceeds \$2,000)

☐ Check if not applicable☐ Filer ☐ Spouse ☒ Both

Location of Property:

State: LOUISIANA Parish/County: BossierDescription of Property: FAMILY RESIDENCE

Value of the Interest in the Parcel:

☐ Category I (less than \$5,000)☐ Category II (\$5,000-\$24,999)☒ Category III (\$25,000-\$100,000)☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☐ Both

Location of Property:

State: _____ Parish/County: _____

Description of Property: _____

Value of the Interest in the Parcel:

☐ Category I (less than \$5,000)☐ Category II (\$5,000-\$24,999)☐ Category III (\$25,000-\$100,000)☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☐ Both

Location of Property:

State: _____ Parish/County: _____

Description of Property: _____

Value of the Interest in the Parcel:

☐ Category I (less than \$5,000)☐ Category II (\$5,000-\$24,999)☐ Category III (\$25,000-\$100,000)☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☐ Both

Location of Property:

State: _____ Parish/County: _____

Description of Property: _____

Value of the Interest in the Parcel:

☐ Category I (less than \$5,000)☐ Category II (\$5,000-\$24,999)☐ Category III (\$25,000-\$100,000)☐ Category IV (more than \$100,000)***You are required to disclose the location by state and parish/county.***** You are required to provide a brief description of the immovable property and its fair market value or use value (determined by the assessor for purposes of ad valorem taxes.)**

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Schedule F: Income from the State, Political Subdivisions, and/or Gaming Interests☐ Check if not applicable

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business (where amount of interest exceeds 10%) Type of Income: <input type="checkbox"/> State <input checked="" type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest Name of Business (if applicable): <u>KITCHENS LAW FIRM, APLC</u> Name of Income Source: <u>LA. DEPT. OF HEALTH AND HOSPITALS (FOR LITIGATIONS SERVICES) / LA. ATTY. GENERAL</u> Address: <u>626 N. 4TH STREET, 8TH FLOOR, BATON ROUGE, LA. 70802</u> City, State, Zip: _____ Amount of Income (exact dollar amount): \$ <u>12,320.00</u>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business (where amount of interest exceeds 10%) Type of Income: <input type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest Name of Business (if applicable): _____ Name of Income Source: _____ Address: _____ City, State, Zip: _____ Amount of Income (exact dollar amount): \$ _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business (where amount of interest exceeds 10%) Type of Income: <input type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest Name of Business (if applicable): _____ Name of Income Source: _____ Address: _____ City, State, Zip: _____ Amount of Income (exact dollar amount): \$ _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business (where amount of interest exceeds 10%) Type of Income: <input type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest Name of Business (if applicable): _____ Name of Income Source: _____ Address: _____ City, State, Zip: _____ Amount of Income (exact dollar amount): \$ _____

* You are required to complete SCHEDULE F if you or your spouse received income (includes any income from public source such as employment income, retirement, etc.) from the State, any political subdivision, and/or a gaming interest OR if a business in which you or your spouse owns an interest which exceeds 10% (either individually or collectively) received income from the aforementioned sources.

* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

* The definitions for (and examples of) political subdivision, gaming interest, and business are found in the Instructions Section of this form.

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Schedule G: Income Received from Employment☐ Check if not applicable☒ Filer ☐ Spouse ☒ Full-time ☐ Part-timeName of Employer: KITCHENS LAW FIRM, APLCAddress: 420 BROADWAYCity, State, Zip: MINOT, LA, 71058Nature of Services (pursuant to such employment): ATTORNEY / PARTNERAmount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☒ Category IV (more than \$100,000)☐ Filer ☒ Spouse ☐ Full-time ☒ Part-timeName of Employer: PROVIDENCE CLASSICAL ACADEMYAddress: 4525 OLD BROWNLEE ROADCity, State, Zip: BOSSIER CITY, LA, 71111Nature of Services (pursuant to such employment): TEACHERAmount of Income: ☐ Category I (less than \$5,000) ☒ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☐ Full-time ☐ Part-time

Name of Employer: _____

Address: _____

City, State, Zip: _____

Nature of Services (pursuant to such employment): _____

Amount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☐ Full-time ☐ Part-time

Name of Employer: _____

Address: _____

City, State, Zip: _____

Nature of Services (pursuant to such employment): _____

Amount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)

* You are required to complete SCHEDULE G to disclose the income received by you or your spouse for each full-time or part-time employment position held.

* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

* Income that is reported on SCHEDULE F does not have to be restated on SCHEDULE G.

* Income received through self-employment is reported on SCHEDULE H, unless it is reported on Schedule F.

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Schedule H: Income Received From Business☒ Check if not applicable**AGGREGATE AMOUNT OF INCOME RECEIVED FROM BUSINESS:**☐ Category I (less than \$5,000)☐ Category II (\$5,000-\$24,999)☐ Category III (\$25,000-\$100,000)☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse

Name of Business: _____

Address: _____

City, State, Zip: _____

Nature of services rendered or reason income was received: _____

☐ Filer ☐ Spouse

Name of Business: _____

Address: _____

City, State, Zip: _____

Nature of services rendered or reason income was received: _____

☐ Filer ☐ Spouse

Name of Business: _____

Address: _____

City, State, Zip: _____

Nature of services rendered or reason income was received: _____

*You are required to complete SCHEDULE H if you or your spouse received income from a business.

**"Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

*Income reported on SCHEDULE F or G does not have to be restated on SCHEDULE H.

*Income received through *self-employment* is reported on SCHEDULE H.

**"Business" means any corporation, partnership, limited liability company, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

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Schedule I: Other Income (any other income that exceeds \$1,000)☒ Check if not applicable☐ Filer ☐ Spouse

Description of Income: _____

Nature of services rendered or reason income was received: _____

Amount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse

Description of Income: _____

Nature of services rendered or reason income was received: _____

Amount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse

Description of Income: _____

Nature of services rendered or reason income was received: _____

Amount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)

***You are required to complete SCHEDULE I if you or your spouse received any other type of income (includes any income from private source such as rental income, federal retirement, etc.) that exceeded \$1,000.**

***"Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.**

***You are not required to report income that is derived from child support and alimony payments contained in a court order, or from disability payments from any source.**

***Income that is reported on SCHEDULE F, G, or H does not have to be restated on SCHEDULE I.**

***Income from retirement accounts not reported on Schedule F should be included on Schedule I.**

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Schedule J: Investment Holdings (an investment holding that exceeds \$5,000)☒ Check if not applicable☐ Filer ☐ Spouse ☐ Both

Name of Security: _____

Description of Security: _____

☐ Filer ☐ Spouse ☐ Both

Name of Security: _____

Description of Security: _____

☐ Filer ☐ Spouse ☐ Both

Name of Security: _____

Description of Security: _____

☐ Filer ☐ Spouse ☐ Both

Name of Security: _____

Description of Security: _____

* You are required to complete SCHEDULE J if you or your spouse holds investment securities where each investment security has a value that exceeds \$5,000.

*You are not required to disclose variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, and cash/cash equivalent investments.

*You are not required to disclose information concerning any property held and administered for any person other than you or your spouse under a trust, tutorship, curatorship, or other custodial instrument.

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Schedule K: Transactions (a transaction that exceeds \$5,000)☒ Check if not applicable

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Transaction Date: _____ Description of Transaction: _____ _____ Amount of Transaction: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Transaction Date: _____ Description of Transaction: _____ _____ Amount of Transaction: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Transaction Date: _____ Description of Transaction: _____ _____ Amount of Transaction: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Transaction Date: _____ Description of Transaction: _____ _____ Amount of Transaction: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)

* You are required to complete SCHEDULE K if you or your spouse purchased or sold any immovable property, personally owned tax credit certificates, stocks, bonds, or commodities futures including any option to acquire or dispose of any immovable property or of any personally owned tax credit certificates, stocks, bonds, or commodities futures (when the value of the transaction exceeded \$5,000 in the previous calendar year).

* You are not required to report variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, cash or cash equivalent investments.

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule L: Liabilities** (a liability that exceeds \$10,000)☒ Check if not applicable

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Creditor: _____ Address: _____ City, State, Zip _____ Name of Guarantor (If applicable): _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Creditor: _____ Address: _____ City, State, Zip _____ Name of Guarantor (If applicable): _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Creditor: _____ Address: _____ City, State, Zip _____ Name of Guarantor (If applicable): _____

*You are required to complete SCHEDULE L if you or your spouse owes any liability which exceeds \$10,000 on the last day of the reporting period.

*You are not required to disclose any loan secured by movable property, if such loan does not exceed the purchase price of the movable property which secures the loan.

*You are not required to disclose any liability, secured or unsecured, which is guaranteed by you or your spouse for a business in which you or your spouse owns any interest, provided that the liability is in the name of the business and, if the liability is a loan, that you or your spouse does not use proceeds from the loan for personal use unrelated to business.

*You are not required to disclose any loan by a licensed financial institution which loans money in the ordinary course of business.

*You are not required to disclose any liability resulting from a consumer credit transaction as defined in R.S. 9:3516(13).

*You are not required to disclose any loan from an immediate family member, unless such family member is a registered lobbyist, or his principal or employer is a registered lobbyist, or he employs or is a principal of a registered lobbyist, or unless such family member has a contract with the State.

**"Consumer Credit Transaction" in R.S. 9:3516(13) means a consumer loan or a consumer credit sale but does not include a motor vehicle credit transaction made pursuant to R.S. 6:969.1 et seq.